



## PACT ACCOUNT CANCELLATION REQUEST

Please cancel the following PACT account: \_\_\_\_\_

Beneficiary's Name: \_\_\_\_\_

Account Owner's Name: \_\_\_\_\_

Account Owner's Address: \_\_\_\_\_

Is this cancellation due to the beneficiary's death, disability, scholarship or attendance to a military academy? \_\_\_\_\_ Yes \_\_\_\_\_ No (Please include supporting documentation,)

If cancellation is not due to one of the reasons above, a processing fee of \$75.00 will be deducted from the redemption value of your account.

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*I certify by signing below that the information I have provided on this form is true and correct. I understand that submission of this information and this certification are treated as made under oath by law and subject to penalties for perjury. (Ala. Code, § 13A-10-100(a)(3) and § 13A-10-102.)*

Signature of Account Owner: \_\_\_\_\_

Date: \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_

Please mail, email, or fax this form to the PACT office.